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Report of the field visit to Kenya by members of the Bureau of the Executive Board**

Introduction

1. Members of the Bureau of the UNICEF Executive Board — H.E. Mr. Oumar Daou, Permanent Representative of Mali to the United Nations; H.E. Ms. Ismat Jahan, Permanent Representative of Bangladesh to the United Nations; H.E. Mr. Léo Mérorès, Permanent Representative of Haiti to the United Nations; H.E. Ms. Simona Miculescu, Permanent Representative of Romania to the United Nations; and Mr. Takeshi Osuga, Minister, Permanent Mission of Japan to the United Nations — visited Kenya from 28 February to 7 March 2009. Mr. El Hadji Traoré, Third Counsellor, Permanent Mission of Mali to the United Nations, and Mrs. Kirsi Madi, Secretary of UNICEF Executive Board, were also part of the delegation.

2. The objective of the field visit was to gain a first-hand understanding of UNICEF work at the country level. More specifically, the visit aimed at demonstrating concrete examples of UNICEF cooperation with the Government and with other partners, including the United Nations country team. Furthermore, the visit provided an opportunity for the members of the Bureau to better understand the issues and challenges facing children and women in Kenya.

3. The visit provided an opportunity for the Bureau to discuss the role of the regional offices with the UNICEF Regional Director for Eastern and Southern Africa, Mr. Per Engebak, during his last month before retirement. The Bureau also met with the UNICEF Representative for Somalia, together with other key senior staff of the UNICEF Somalia country office, to get an overview of the situation of children and women in Somalia and to better understand the operating environment there for UNICEF.

* E/ICEF/2009/8.
** This report is submitted late due to the need for extended consultations.

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4. The delegation would like to express its gratitude to the Government of Kenya for the opportunities for substantive dialogue with senior members of the Government.

5. The delegation would like to thank the UNICEF country team in Kenya for the carefully prepared and well organized visit, and for staff being readily available throughout the visit. The Bureau was particularly impressed by the commitment and dedication of UNICEF staff in Kenya, and was especially appreciative of the feedback and questions put forward by the representative of the Staff Association. The Bureau suggested to the Staff Association the possibility of forwarding questions in writing to the attention of the President of the Executive Board.

6. The programme of the visit consisted of four main components:

(a) Meetings in Nairobi with the UNICEF Kenya country office, the UNICEF regional office, the UNICEF Somalia country office and members of the United Nations country team, as well as the Minister of Education, the Permanent Secretary of the Ministry of State for Planning and National Development and Vision 2030, and other senior government officials;

(b) Visits to Ayany primary school, a child-friendly school supported by UNICEF located close to the Kibera informal settlement, and to a household in the Kibera informal settlement, to meet a family benefiting from the cash transfer programme for families with orphaned and vulnerable children;

(c) A field visit to North Eastern Province of Kenya, where the Bureau met with the Provincial Commissioner; a local member of parliament; local government representatives; civil society organizations; users of health facilities; health workers; teachers; school administrators; students; members of community groups; and staff of the UNICEF field office in Garissa;

(d) Meetings with representatives of the private sector, civil society and key donor partners.

Key issues facing children and women

7. Kenya has a population of approximately 36 million, living mainly in the central fertile area of the country, with the highest population density concentrated in the urban areas of Nairobi. The vast majority of the population, about 80 per cent, lives in the rural areas of the country.

8. Over half of the population is less than 18 years old, and an estimated 6 million children require special care and protection. Approximately 2.4 million children are orphans; in the Kenyan context, this means that they have lost one or both parents.

9. According to information provided to the delegation during the visit, Kenya is likely to achieve Millennium Development Goal 2 (achieve universal education) and Goal 6 (combat HIV/AIDS, malaria and other communicable diseases), and is likely to achieve one target under Goal 3 (promote gender equality: eliminate gender disparity in education).

10. The Bureau was struck by the impression of great disparities facing the population of Kenya. The two areas of the country most affected are North Eastern

Province, bordering Somalia, and the south-western areas of the country. The Bureau had an opportunity to visit Garissa, the provincial capital of North Eastern Province, to gain a first-hand impression of the situation in the province, which is characterized by drought, long distances, lack of services and population displacement.

11. With regard to Goal 4 (reduce child mortality), the 2003 Kenya Democratic and Health Survey, the source of latest official data, reported infant and child mortality rates at 77 and 115 deaths, respectively, per 1,000 live births. Despite the focus on child survival, achieving the targets of 26 per 1,000 live births for infant mortality and 33 per 1,000 live births for under-five mortality remains a serious challenge. While in Central Province the under-five mortality rate is 54 per 1,000 live births, the south-western Nyanza Province has an under-five mortality rate as high as 250 per 1,000 live births.

12. Similarly unlikely seems the achievement of the target of 147 per 100,000 live births under Goal 5 (reduce maternal mortality) by the target date. The current maternal mortality ratio of 414 per 100,000 live births translates into an estimated 4,500 women dying annually due to pregnancy-related complications, most of which could be prevented by ensuring improved access to care and services. The practice of the most severe forms of female genital mutilation/cutting (FGC) — especially in North Eastern Province, but not only there — is further contributing to pregnancy-related complications and also leading, in some cases, to the loss of the first child. Fifty per cent of children are born without assistance by trained birth attendants. Increasing women's access to antenatal care consultation during pregnancy and to assisted delivery by trained birth attendants would significantly reduce the number of child and maternal deaths. The Bureau was able to hear first-hand evidence of the positive impact of the 'vouchers' provided by UNICEF in North Eastern Province, which allow for free access to all services during pregnancy.

13. Malnutrition, high incidence of diseases, inadequate health care and hygienic practices, poor environmental and living conditions and the HIV/AIDS pandemic are all factors contributing to the poor level of child health. Additional contributing factors include limited access of health services, partly due to long distances, and inadequacies in the health care system, such as lack of drugs, supplies and skilled personnel.

14. An estimated one out of every three Kenyan children under the age of five is malnourished. Poor nutrition is estimated to be a critical factor in over half of all child deaths. Levels of acute malnutrition are especially high in the arid areas of the country. Prevalence of wasting is the highest in North Eastern Province, which has seen only a marginal decline, from 27.8 per cent in 2003 to 25.8 per cent in 2008. During periods of food insecurity in arid and semi-arid areas, levels of acute malnutrition have been as high as 37 per cent.

15. Only half of the population in Kenya has access to safe water or sanitation. This increases the risk of diarrhoeal diseases, the cause of 20 per cent of all child deaths. About 70 per cent of schools do not have adequate sanitation facilities or a safe water supply. While the lack of access to adequate facilities is a major constraint, another determining factor is poor hygiene practices. Over 70 per cent of care givers do not wash their hands at critical moments. Working on behaviour change is thus a major strategy for UNICEF.

16. Kenya is experiencing a high incidence of HIV/AIDS among all age groups, along with a continuing feminization of the epidemic. The national prevalence rate currently stands at 7.4 per cent; while numbers have stabilized in the urban areas, in the rural areas prevalence rates continue to increase. HIV and AIDS is a mixed epidemic in Kenya, driven by unprotected sex with multiple casual partners, low rates of male circumcision in some cultural groups and low knowledge of HIV status. The prevalence rates within the country show a wide geographical diversity, with Nyanza Province at twice the national average while in North Eastern Province it is only 1 per cent.

17. Half of all children infected with HIV at birth die before their second birthday. This is a major reason why the magnitude of the problem had remained hidden for a long time. The main source of infection for children is mother-to-child transmission. The strategic thrusts to address this challenge include prevention of HIV transmission through universal testing of pregnant mothers, antiretroviral intervention and safe breastfeeding practices.

18. The Government has already prepared two five-year plans to address the pandemic. As a member of the Joint United Nations team on AIDS, UNICEF is supporting the review of the current plan. In particular, UNICEF provides technical support for sectoral consultations on nutrition, health systems review, and policy and prevention elements of the strategy. UNICEF emphasizes the 'Four Ps' approach: (a) preventing mother-to-child transmission; (b) providing paediatric treatment; (c) promoting the prevention of new HIV infections in adolescents and young people; and (d) protecting and supporting orphaned and vulnerable children affected by AIDS.

19. Child protection challenges in Kenya continue to be serious; at the same time, national data on child protection issues remains very limited. Most of the approximately 2.4 million orphans are cared for by family members, but many live on the streets, in charitable children's institutions or in child-headed households. Despite an official ban on corporal punishment, it is still practiced in schools, institutions and homes. A 2006 UNICEF study revealed that 3000 children were working as sex workers in four tourist communities on the coast. According to the study, 30 per cent of girls between the ages of 12 and 18 years living in these areas were involved in casual commercial sex work. Moreover, hundreds of thousands of children are estimated to be living on the streets. During the post-election violence of 2007–2008, in some communities, almost half of the women and girls were raped or suffered sexual abuse. There is evidence that Kenya is a fast growing source country, as well as a transit and destination country, for human trafficking. According to the 2003 Kenya Demographic Health Survey, 34 per cent of girls between the ages of 15 and 19 years have been circumcised nationwide; in North Eastern Province, that figure is 98.9 per cent.

20. UNICEF aims to ensure that a comprehensive child protection system by the Government will be in place by 2013, covering the entire continuum from prevention to response to addressing violence against children, exploitation, FGC, and family separation. This will be done in partnership with the Government of Kenya as well as with civil society and the private sector. The amendment to the Children Act 2001 that is currently underway provides an opportunity to strengthen the legal protection framework for children in Kenya. The growing interest in social protection and cash transfer programmes provides another opportunity to increase

the focus on child protection. Advocacy and collaboration with parliamentarians has already begun to bring about attitude changes towards FGC.

21. Kenya is implementing an ambitious five-year (2005-2010) sector-wide approach (SWAp) to education, supported by several partners, including UNICEF. The main goal is to provide access to education for all and to improve the quality of education. The Government is currently planning to continue the education SWAp until 2015 and to regroup early childhood development and primary and secondary education under "basic education".

22. The UNICEF education and young people programme includes three result areas: (a) promoting access to early childhood development and primary education, especially for children disadvantaged due to economic and geographic circumstances; (b) quality of education, including the roll-out of the child-friendly concept in all primary schools; and (c) youth empowerment.

23. In Nairobi, the Bureau visited Ayany Primary School, one of the schools in 11 districts in which UNICEF piloted the child-friendly school concept. As of January 2009, it had 1,560 enrolled students, 834 of whom were girls. Promotion of girls' education has been one of the major priorities, resulting in high number of girls attending the school. The use of 'talking walls' is an example of how the introduction of low-cost teaching-learning materials has stimulated learning, especially at the lower primary level.

24. All teachers at Ayany Primary School have been trained in the child-friendly school concept and have adopted child-centred learning techniques. The curriculum and teacher training includes children's rights. The Bureau noted with appreciation the acknowledgement by the headmaster that both her own attitude and that of the other teachers had changed dramatically after the introduction of the child-friendly approach. It has created a space for children's initiatives and enhanced the freedom of expression for children and parents. The child-friendly approach has also helped teachers to identify cases of child abuse and to better understand the dangers of corporal punishment.

25. The water, sanitation and hygiene movement at Ayany Primary School started in April 2005, resulting in the availability of safe water and the construction of separate latrines for boys and girls. While challenges remain in the area of hygiene, this has been an excellent step in the right direction. Inadequate physical facilities lead to congestion, large classes and a high teacher-student ratio.

26. Among the students at Ayany Primary School are 500 orphans, who have lost either one or both parents, many of them due to AIDS. Ensuring access to education for orphans is therefore one of the major challenges. In response, UNICEF in 2004 piloted a cash transfer programme, targeting the poorest households with several orphaned or vulnerable children. The cash transfer programme is an example of social protection interventions that have proven to have a high impact, and has been gaining momentum and support from both the Government and donors.

27. While the level of care and access to services is overall high in the urban areas, many risks related to child survival and development and to child protection remain, particularly in informal urban settlements, such as Kibera, a slum of about 1 million inhabitants located in Nairobi.

28. The Bureau visited in Kibera the household of a 36-year old widow, Emily, who had lost her husband and her two sisters to AIDS, and is now taking care of 15 children, seven of her own and eight of her late sisters. Emily and two of the children are HIV-positive. Every two months, Emily receives a cash entitlement of $40, which she uses to pay school fees, buy food and pay rent. An important factor for the success and acceptance of the programme has been the community's involvement in the selection and validation of the families receiving the cash entitlement.

29. A formal evaluation of the cash transfer programme has yet to be made; however, informal feedback on the programme has been very positive, and has led to increased support from both the Government and donors. The World Bank is also expected to become a new partner in the cash transfer programme in the coming months.

30. Kenya faces frequent and chronic emergencies, which further erode already meagre livelihoods in the most vulnerable areas. It is not uncommon for Kenya to suffer from drought and floods at the same time in different parts of the country. Another major challenge is population displacement — both internal displacement and refugee influx, particularly from Somalia.

31. North Eastern Province is one example of an area repeatedly affected by environmental and natural disasters, as well as conflict and population displacement. It is the second largest of the eight provinces in the country, yet it remains the least developed. Most of the residents of the province are nomadic pastoralists, and more than half of the population depends on relief food from the Government and the World Food Programme. Whenever droughts erode the economic base, the entire population depends on relief food. The indicators for children are among the worst in the country. The maternal mortality ratio is between 1,100 and 1,300 per 100,000 live births, against a national average of 414 per 100,000 live births. Lack of skilled birth attendants is a major contributing factor, with 95 per cent of the deliveries taking place at home without skilled attendants.

32. In Garissa town, the Bureau had an opportunity to meet with the Provincial Commissioner and technical counterparts, and were briefed on the major challenges in the province. One key issue is finding opportunities to sell livestock when natural disasters, particularly droughts, strike, in order to guarantee a minimum income instead of leading to the complete loss of livelihoods. Another major issue requiring urgent attention is the need to eliminate FGC.

33. The Bureau visited Garissa Provincial General Hospital, where it had an opportunity to see the implementation of the voucher scheme for pregnant mothers. The medical director of the hospital confirmed that the number of women coming to the hospital for delivery had increased significantly since the introduction of the voucher scheme. The hospital also has a department of therapeutic feeding for severely malnourished children. A short distance away from the hospital, the Bureau visited a maternal shelter for pregnant mothers, who often have to travel more than 200 kilometres to be close to the hospital for the delivery.

34. In the community of Sankuri, located about 25 kilometres from Garissa town, the Bureau met with the women and men of the water management committee, working on making the provision of safe drinking water sustainable by introducing a small cost recovery fee. This is part of Kenya's new Water Act, which calls for the

management of the water services by the communities themselves. The water point services both the community and the Sankuri primary school, which has 558 students, one fourth of whom are girls. UNICEF has supported the school by providing additional storage tanks with water treatment facilities. The school and the community currently have sufficient supplies of water for drinking, hand washing, cooking and cleaning. UNICEF has been also working with the local community and the school on hygiene education.

Observations

35. The Bureau welcomed the opportunity of witnessing the activities of other field offices besides the main office in Nairobi, and appreciated very much the dedication, hard work and efficiency of the Garissa office in areas such as child survival and development, child protection and education.

36. The Bureau noted with satisfaction the excellent cooperation between UNICEF and the governmental institutions in the development and implementation of key policies affecting children: education support; water sector reforms; development of a child health policy; introduction of sector budgeting; and establishment of viable social protection mechanisms for the most vulnerable children.

37. The Bureau appreciated the clear focus of UNICEF on the most vulnerable population groups and the most disadvantaged geographical areas. Furthermore, the efforts made to strengthen disaggregation of data to reveal gender and social disparities as a basis for advocacy and programme planning were found to be very important.

38. The Bureau welcomed, as an important strategy for achieving results for children, UNICEF efforts to influence policies, legislation and public spending while it programmatically supported the most disadvantaged areas of the country.

39. The Bureau also welcomed the strong emphasis by UNICEF on national ownership, which was evident throughout the visit.

40. The Bureau noted the importance of further strengthening of the capacity of national duty bearers to assume their full responsibility to ensure full protection of children from harm and exploitation.

41. UNICEF engagement with partners, United Nations agencies, civil society, communities and faith-based organizations, as well as the private sector, were good examples of the added value UNICEF can bring by acting as a catalyst and bringing different partners together.

Annex

Summary of the programme of the field visit

Sunday, 1 March

1. Briefing by Representative, UNICEF Kenya

Monday, 2 March (Nairobi)

1. Briefing by the Permanent Secretary, Ministry of State for Planning, National Development and Vision 2030
2. Meeting with UNICEF Kenya staff, including with the Staff Association
3. Meeting with UNICEF Regional Director
4. Meeting with UNICEF Kenya country management team
5. Briefing on UNICEF Somalia programme by Representative, UNICEF Somalia
6. Meeting with United Nations country team

Tuesday, 3 March (Nairobi)

1. Briefing on UNICEF Kenya programme with all key counterpart ministries
2. Visit to Ayany Primary School, Nairobi
3. Visit to a household in Kibera informal settlement, Nairobi

Wednesday, 4 March (North Eastern Province)

1. Visit to field office in Garissa, North Eastern Province
2. Courtesy visit to North Eastern Provincial Commissioner
3. Participation in a social budgeting workshop, Garissa

Tuesday, 5 March (North Eastern Province)

1. Visit to Garissa Provincial General Hospital, including visits to the maternity ward and the therapeutic feeding section
2. Visit to a maternal shelter in Garissa
3. Visit to a water project and a school in the Sankuri community, near Garissa

Friday, 6 March (Nairobi)

1. Meeting with the Minister of Education and other senior officials
2. Meeting with NGO partners
3. Meeting with the Kenya Private Sector Alliance and other private sector partners
4. Meeting with key donor partners, both bilateral and multilateral
5. Debriefing with UNICEF Kenya country team